

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel George Anderson

Died at *New Church Hill* Town *Queen Anne* County

MARYLAND

Date of death 1909 Dec 16 Age 62 3 Months Days

Sex Male Color or Race White Birth-place J. G. Co. Ind.

Occupation Laborer Where Residing if not at place of death at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Robert Anderson Father's Birthplace J. G. Co. Ind.

Mother's Maiden Name Sarah Reed Mother's Birthplace J. G. Co. Ind.

Name of person giving Information Mrs. William Coleman How related to deceased Sister

CAUSES OF DEATH

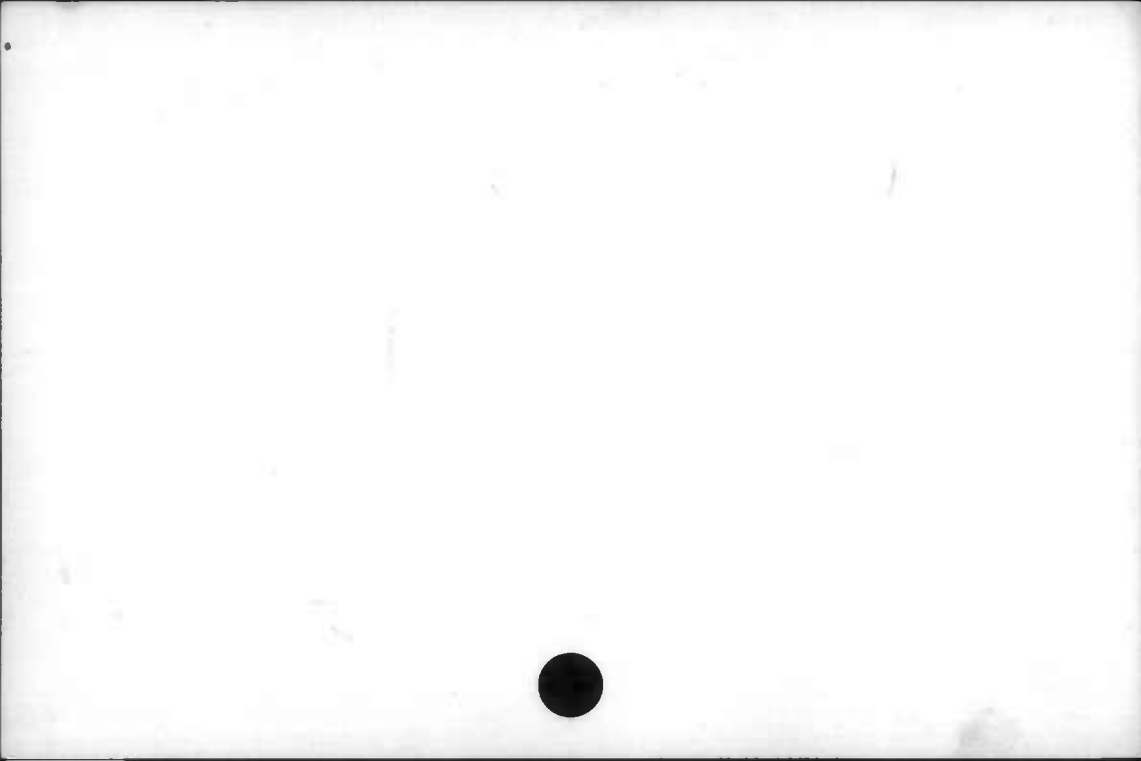
Primary Pneumonia How long 93 8 days

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. G. Caffrey Address Church Hill Ind.

Accident or Suicide



Name
in
Full

Sylvester Daniel Berry.

CERTIFICATE OF DEATH

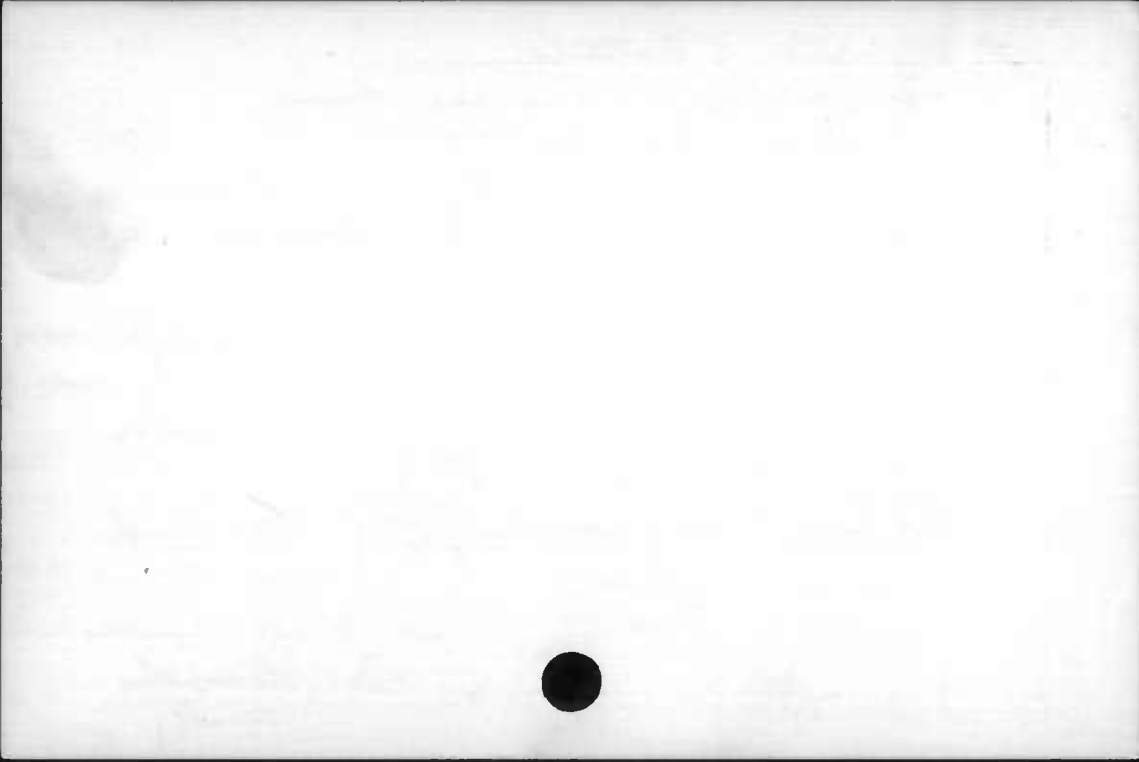
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fords Store</u> ^{Town}		<u>D.A.Co.</u> ^{County}		MARYLAND							
Date of death	1909	Month	12	Day	20	Age	1	Months	2	Days	18
Sex	<u>Male</u>		Color or Race	<u>cul.</u>		Birth-place	<u>Fords Store</u>				
Occupation	<u>—</u>		Where Residing if not at place of death				<u>Home</u>				
Married, Single		on Widowed									
Fether's Name		<u>Wm Wrightson Berry</u>					Father's Birthplace	<u>D.A.Co. Md.</u>			
Mother's Maiden Name		<u>Sarah E. Berry</u>					Mother's Birthplace	<u>D.A.Co. Md.</u>			
Name of person giving Information		<u>Wrightson Berry</u>					How related to deceased	<u>Father</u>			

CAUSES OF DEATH

Primary	<u>Spinal Deformity (C⁷)</u>	How long	<u>all its life</u>
Immediate	<u>Congestion of Brain</u>	How long	<u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>W. W. Chaires</u>	
Address		<u>Queanstown Md.</u>	
Accident or Suicide		<u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Fannie Bittle

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Barclay

Queen Anne's

Date

of death 190

Month

9 Dec

Day

21

Years

Age 71

Months

7

Days

13

Sex

Female

Color or
Race

White

Birth-
place

Penna

Occupation

Housewife

Where Residing if not
at place of death

Barclay Md.

Married, Single
or Widowed

Widow.

Name of Wife or
Husband

John Bittle

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Wm S. Bittle

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

64

Four weeks.

Immediate

Anemia

How long

One week.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm W. Brown M.D.

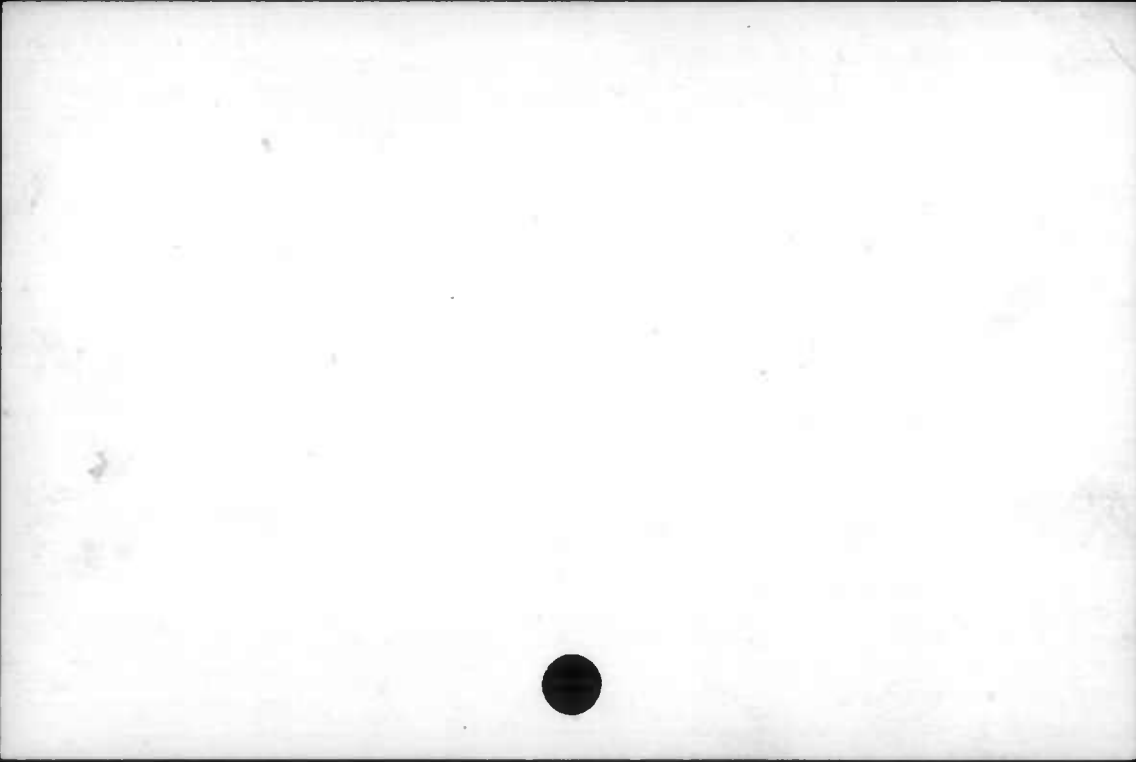
Address

Highland
Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Anna B. Bonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

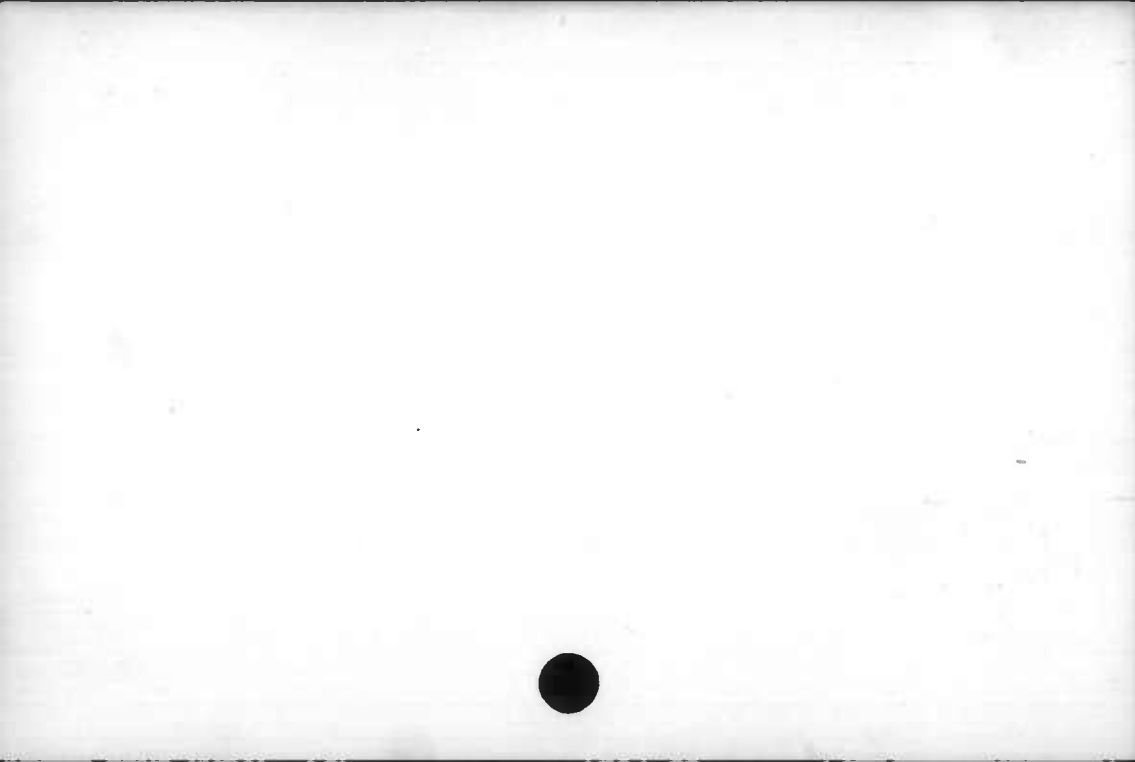
Died at <i>Burrsville</i>		County <i>Queen Anne's County</i>		MARYLAND	
Date of death	Month <i>Dec,</i>	Day <i>15,</i>	Years <i>60.</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore city</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Burrsville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Bonds</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Samuel Bonds</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Nearly 2 years</i>
Immediate <i>Heart failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel B. Dudley</i>
	Address <i>Church Hill</i>
	<i>Queen Anne's Co. Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertha Cameron
 Died at *Near Barclay* ^{Town} *Queen Anne's* ^{County} **MARYLAND**

Date of death **1909** ^{Month} *12* ^{Day} *22* ^{Year} *19* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *None* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Joseph Cameron* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah Coffman* Mother's Birthplace *Md.*

Name of person giving Information *Joseph Cameron* How related to deceased *Father*

CAUSES OF DEATH

Primary *Diphtheria* ^{How long} *18 days*

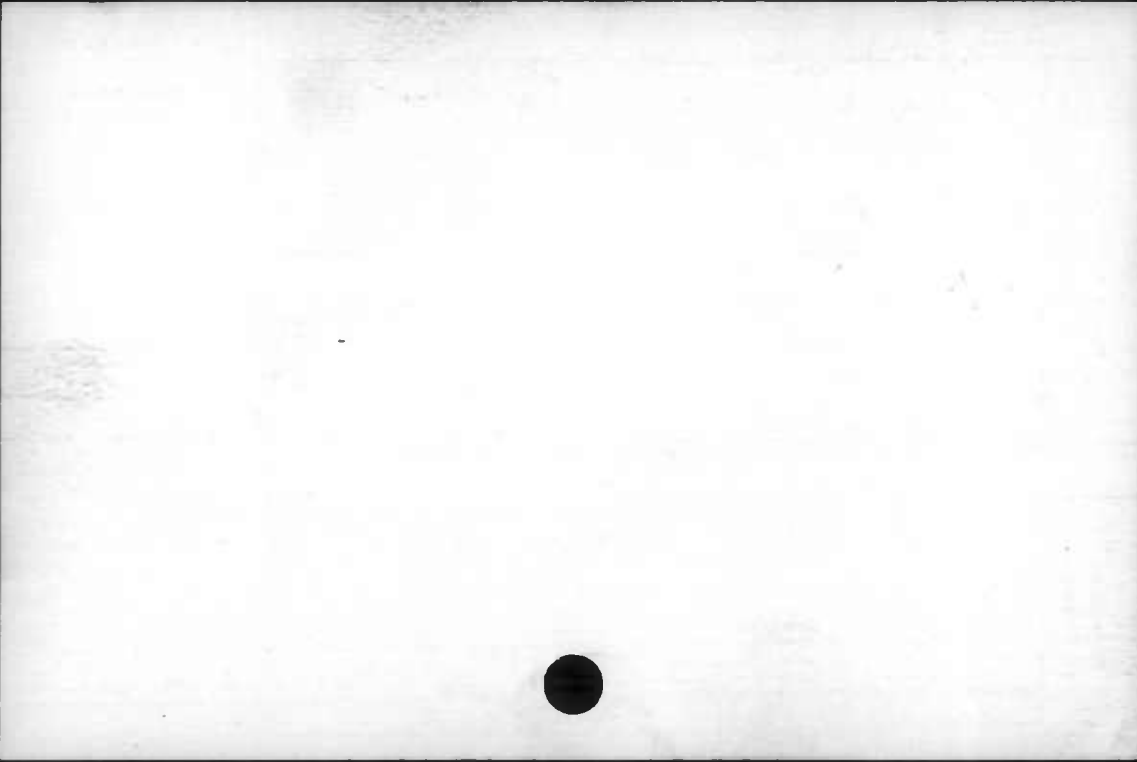
Immediate *Heart failure* ^{How long} *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Smith*

Address *Thurplissville, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lizzy Conyer

CERTIFICATE OF DEATH

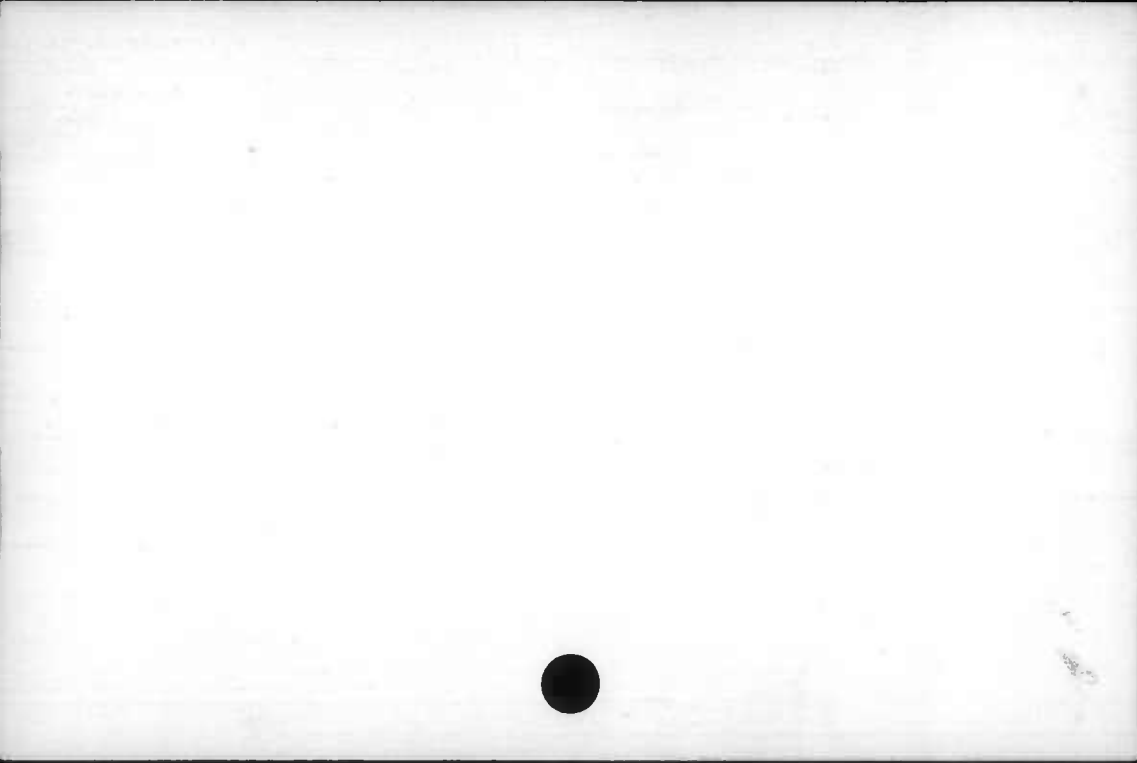
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Queentown</i>		County <i>Q. B. Co.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>22</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Q. B. Co., Md.</i>		
Occupation <i>Involved</i>		Where Reeling if not at place of death <i>Near Queentown</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>George Conyer</i>				
Father's Name <i>Thomas, William</i>	Father's Birthplace <i>Labo Mo</i>				
Mother's Maiden Name <i>Selehan Williams</i>	Mother's Birthplace <i>Labo Mo</i>				
Name of person giving Information <i>Richard Williams</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis (of heart)</i>	How long <i>One year</i>
Immediate <i>Heart failure</i>	How long <i>Five minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland W. Ford</i>
	Address <i>Queentown, Md.</i>
Accident or Suicide	



Name
in
Full

Mary Elizabeth Eastburn

CERTIFICATE OF DEATH

Died at <i>near Millington</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1909 Dec</i>		Month <i>31</i>	Day <i>31</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Queen Anne's</i>			
Occupation <i>shirt</i>	Where Residing if not at place of death <i>Kent Co</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Edwood M Eastburn</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Katherine Money</i>	Mother's Birthplace <i>Del</i>				
Name of person giving Information <i>E. M. Eastman</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Pneumonia Birth</i>	<i>151</i>	How long <i>—</i>
Immediate <i>Aspheric</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B P Grossman MD</i>	Address <i>Millington Md</i>
Accident or Suicide <i>—</i>		



Name
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CERTIFICATE OF DEATH

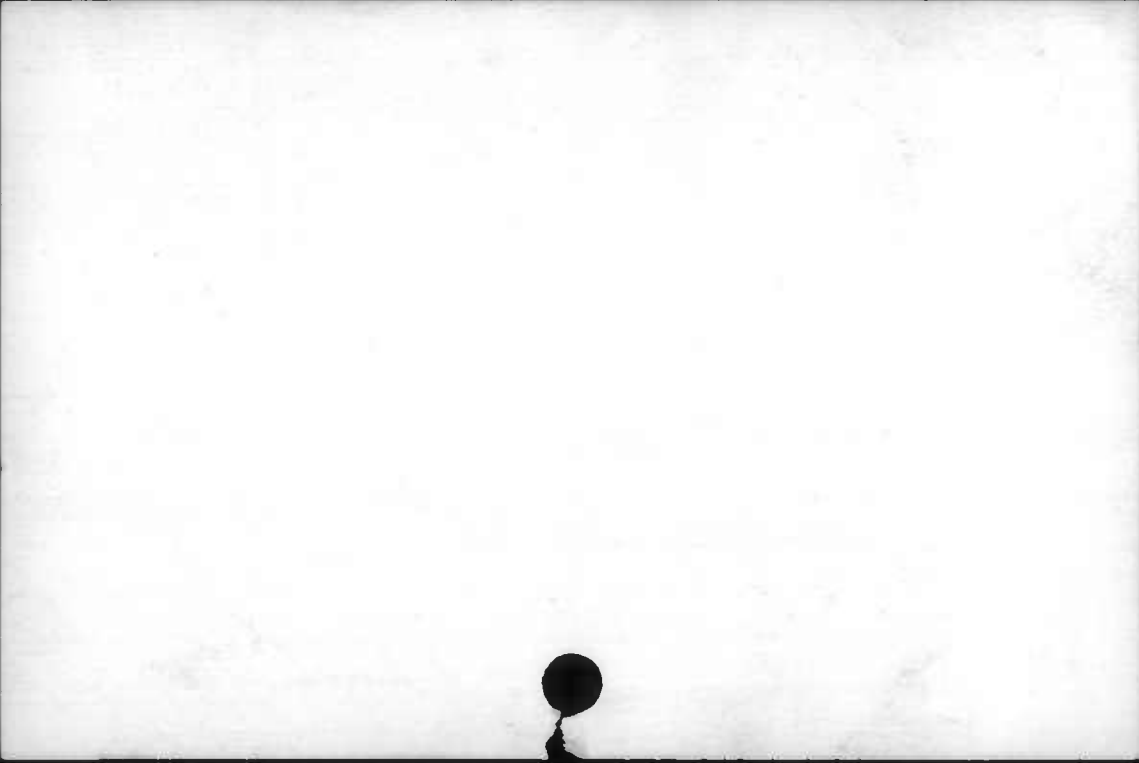
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Love Point</i>		Town <i>Love Point</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1909	Month	Dec	Day	29	Age	60
Sex	Male		Color or Race	White		Birth-place	Harrington, Del
Occupation	Blacksmith		Where Residing if not at place of death		Hickman, Del		
Married, Single or Widowed	Married		Name of Wife or Husband		Susan E. Harrington		
Father's Name	Solomon Harrington		Father's Birthplace		Harrington, Del		
Mother's Maiden Name	Susan E. Price		Mother's Birthplace		Concord, Md		
Name of person giving Information	Elmer E. Harrington		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>(179) ✓</i>
Immediate	<i>From blood rushing to head</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Leland, D.P.</i>
		Address	<i>Stover, Queen Anne's Md.</i>
Accident or Suicide			



Name
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Nathan A. Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

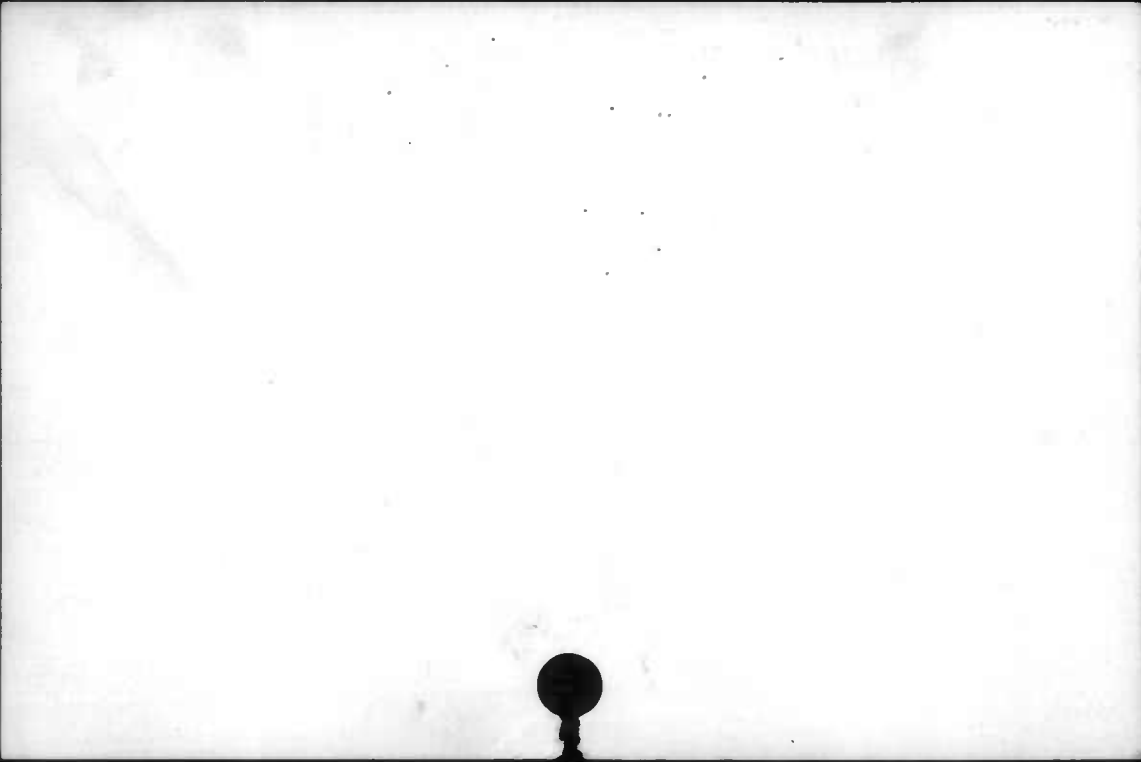
Died at <i>Hope</i>		County <i>Queen Anne's Co.</i>		MARYLAND	
Date of death <i>1909 Dec.</i>		Month <i>4</i>	Day <i>4</i>	Years <i>65</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near Hope</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucy Jane Hobbs</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>N. A. Hobbs Jr</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Kidney disease</i>	How long <i>5 months</i>
Immediate <i>Heart failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Norman S. Dudley</i>
	Address <i>Church Hill</i>
Accident or Suicide	<i>Queen Anne's Co. Maryland</i>



Name
in
Full

Viola Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

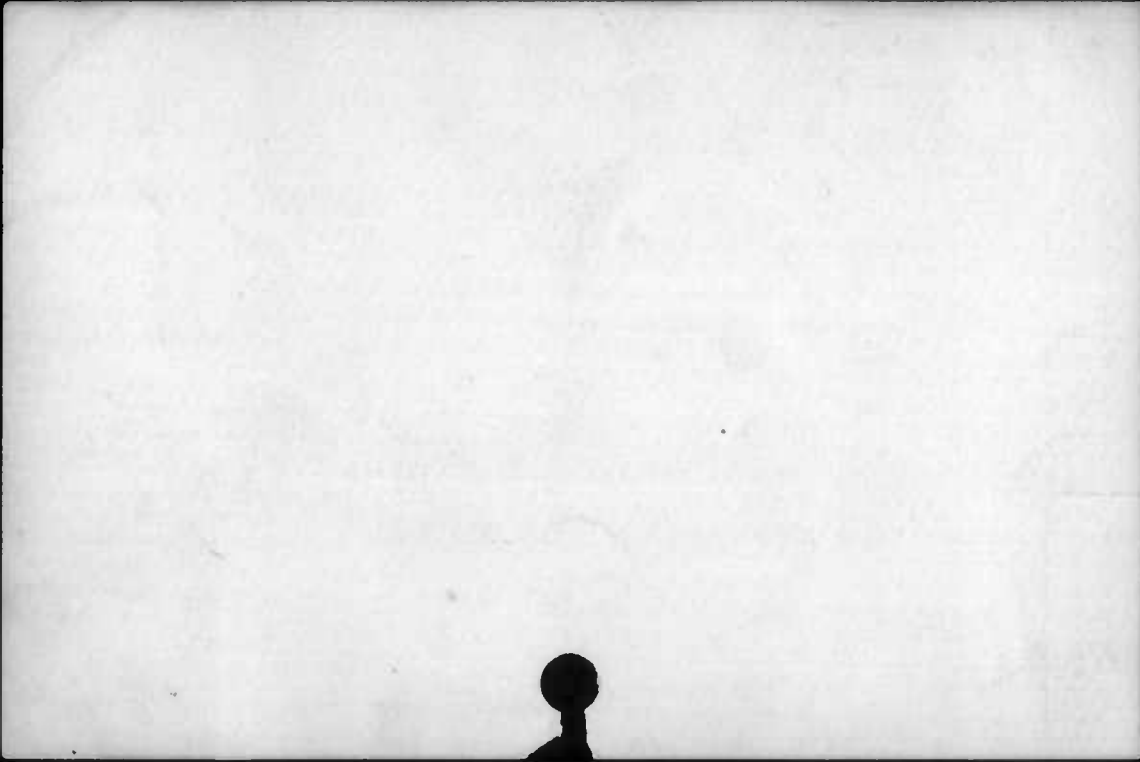
Died at ^{Town} <i>Near Sudburyville</i>		^{County} <i>Linn</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>12</i>	<i>27</i>	<i>20</i>	<i>9</i>	<i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Delaware</i>		
Occupation <i>House-work</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Joseph Mason</i>				
Father's Name <i>Charles Hall</i>	Father's Birthplace <i>Delaware</i>		Mother's Birthplace <i>South Korea</i>		
Mother's Maiden Name <i>Don't know</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Joseph Mason</i>					

CAUSES OF DEATH

27

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>Six months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Smith</i>	
		Address <i>Sudburyville Md.</i>	
Accident or Suicide? <i>-</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

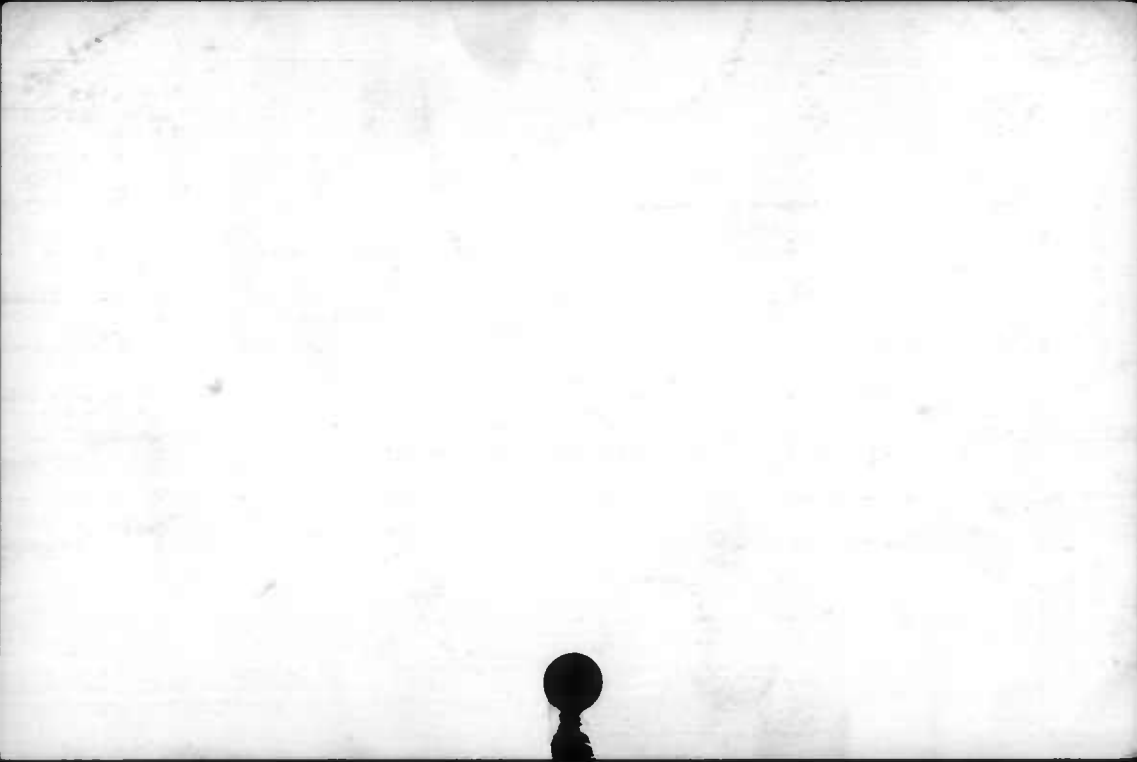
Died at <i>Stevensville</i> ^{Town}		<i>Q. D.</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month}		<i>Dec</i> ^{Day}	<i>18</i> ^{Years}	Age <i>36</i>	<i>5</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Kent Island</i>			
Occupation <i>Waiter in Hotel</i>	Where Residing if not at place of death <i>" "</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eliza Nickerson</i>				
Father's Name <i>Philip Nickerson</i>	Father's Birthplace <i>Kent Island</i>				
Mother's Maiden Name <i>Harriet Groom</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Fred Douglas Lewis</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pneum. Infection</i>	How long <i>about 74 hrs</i>
Immediate <i>atmarhag</i>	How long <i>for 4 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. H. H.</i>
	Address <i>Stevensville</i>
Accident or Suicide <i>no</i>	<i>MD</i>



Name
in
Full

Lewis Harry Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	24	69			
Sex		Color or Race		Birth-place			
male		White American		Queen Anne Co.			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Widower		Lourcia Calaway					
Father's Name		Father's Birthplace					
Don't Know		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Don't Know		Unknown					
Name of person giving information		How related to deceased					
Thos Irelande		Son in law					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER



Primary	Consumption	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Consumption		John W. Harmon	
		Address	
		sub Registrar	
Accident or Suicide?		no	

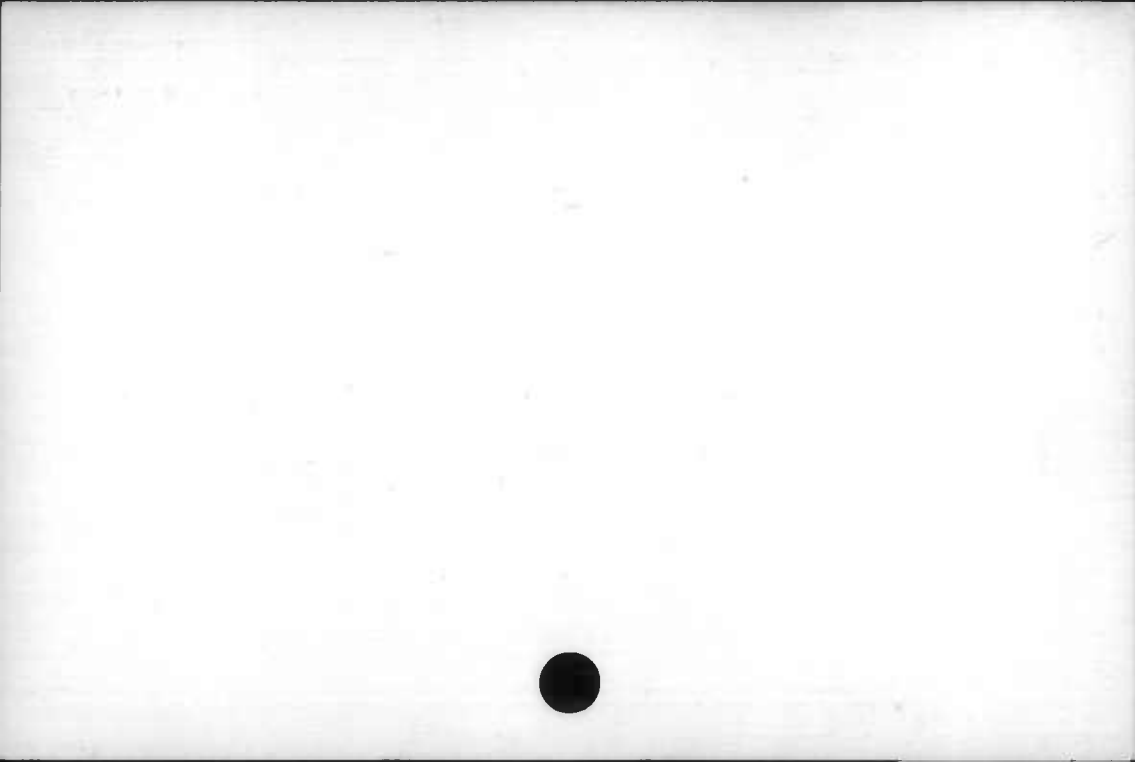


CERTIFICATE OF DEATH

Died at <i>Starr</i>		Town <i>Queen Anne's</i>		County <i>MD</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>25</i>		Age <i>5-3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>			
Occupation <i>Labourer</i>		Where Reiding if not at place of death <i>Starr</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo E. Price</i>		Father's Birthplace <i>Queen Ann Co</i>					
Mother's Maiden Name <i>Emily Williamson</i>		Mother's Birthplace <i>Queen Ann's Co</i>					
Name of person giving information <i>Casper Price</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary	Chronic alcoholism	How long	25 yrs
Immediate	apoplexy	How long	10 minutes
Are the name, age, sex, color, data and plac correctly given above?		Signature of Physician	Address
yes			
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

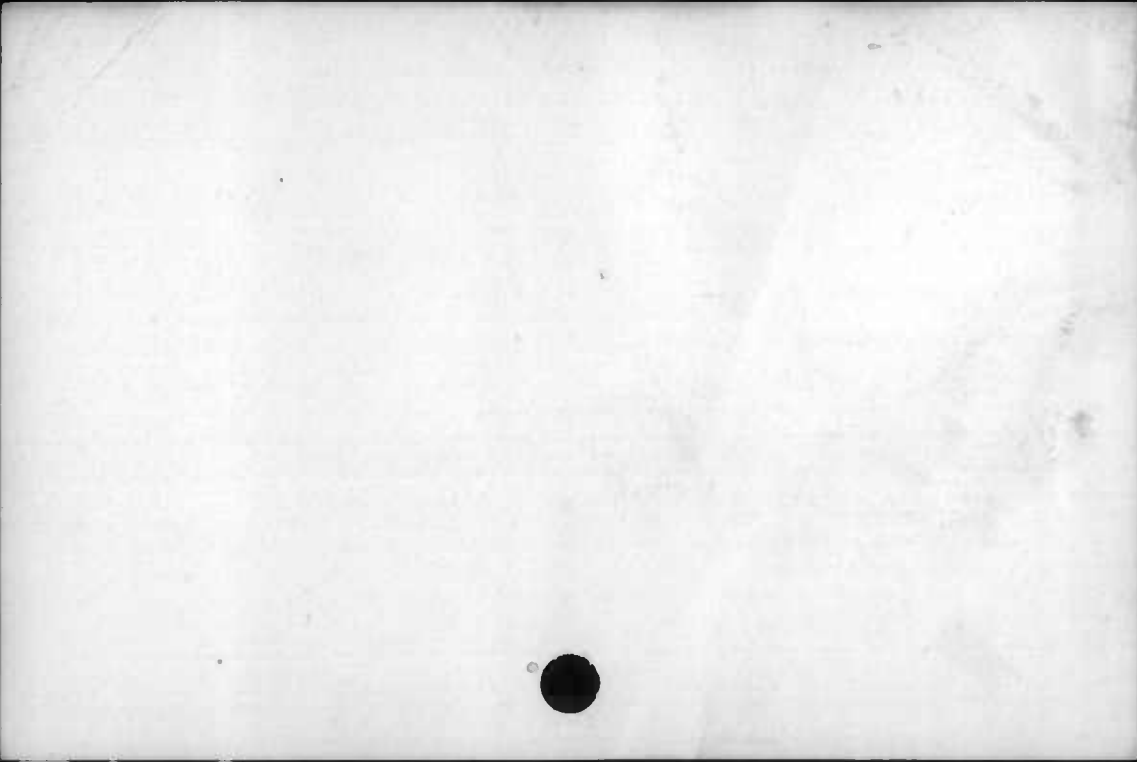
Name <i>William Price</i>		Town <i>near Sudburyville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>23</i>		Years <i>70</i>	
Date of death <i>1909</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single, or Widowed <i>Single</i>		Name of Wife or Husband <i>Rachel Price</i>					
Father's Name <i>James Price</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>					
Name of person giving information <i>James Price</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>2 years</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. P. Smith, Phys to Coroner</i>	
		Address <i>S. C. Faulk</i>	
Accident or Suicide?		<i>Acting Coroner</i>	



Name
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Full

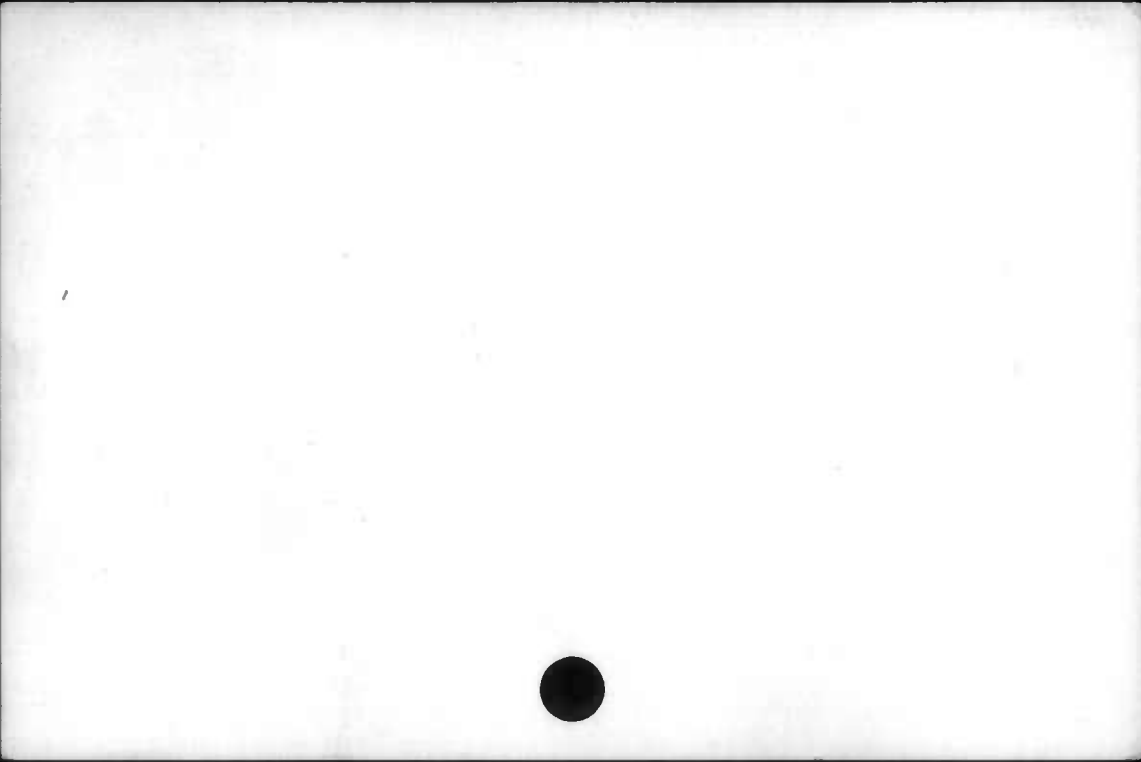
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Stellie R Robinson* County *2 a. Co*
 Died at *Huntington* Town *2 a. Co* MARYLAND
 Date of death 190 *9* Month *12* Day *31* Age *26*
 Sex *Female* Color or Race *White* Birth-place *Bel*
 Occupation *Surgeon* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Sam Robinson* Father's Birthplace *Ind*
 Mother's Maiden Name *Theresa* Mother's Birthplace *Bel*
 Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Tuberculosis* How long *27* *10 years*
 Immediate *11* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. C. Conway*
 Address *the city of Ind*
 Accident or Suicide



Name
in
Full

Howard E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Towson Town

2 County

Date of death 1909 Dec 21

Month Day

Age — Years

Months

Days

Sex Male

Color or Race White

Birth-place Industrious

Occupation Infant

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Marshall Smith

Father's Birthplace Industrious

Mother's Maiden Name Eileen Smith

Mother's Birthplace Industrious

Name of person giving information —

How related to deceased Infant

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Whooping Cough & Pneumonia

How long From Birth

Immediate Asphyxia

How long Gradual

Are the name, age, sex, color, date and place correctly given above? yes

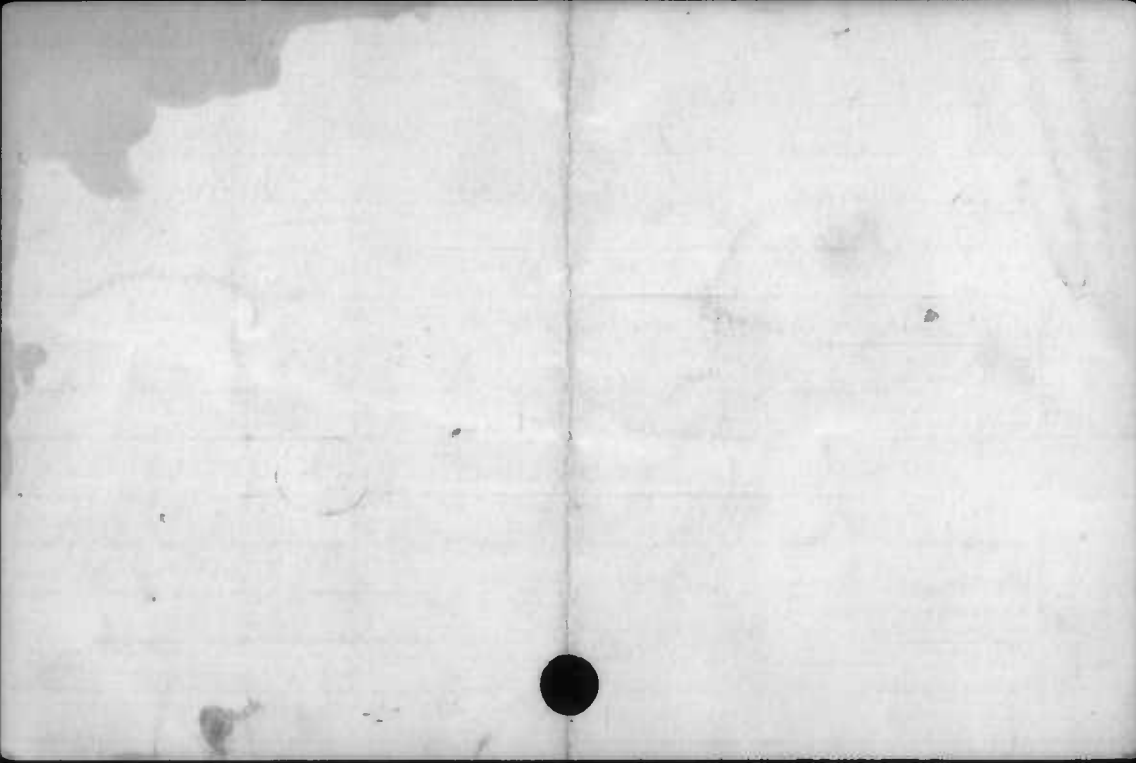
Signature of Physician W. J. Henry

220

Address St. Louis

Accident or Suicide? 220

2nd



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not named
Town
Died at Church Hill

Taylor
County
Queen Anne's

MARYLAND

Date

of death

1909

Month

Dec

Day

17

Age

Years

Months

Days

4 days

Sex

Male

Color or
Race

Black

Birth-
place

Church Hill

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Nama of Wife or
Husband

Father's
Name

Charles Taylor

Father's
Birthplace

S. A. Co Ind

Mother's
Maiden Name

Annie Teat

Mother's
Birthplace

S. A. Co. Ind

Nama of person giving
Information

Annie Taylor

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature birth. The mother fell

How long

4 days

Immediate

And burst herself & child while
brought on labor. Immediate in asphyxia

How long

4 days

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

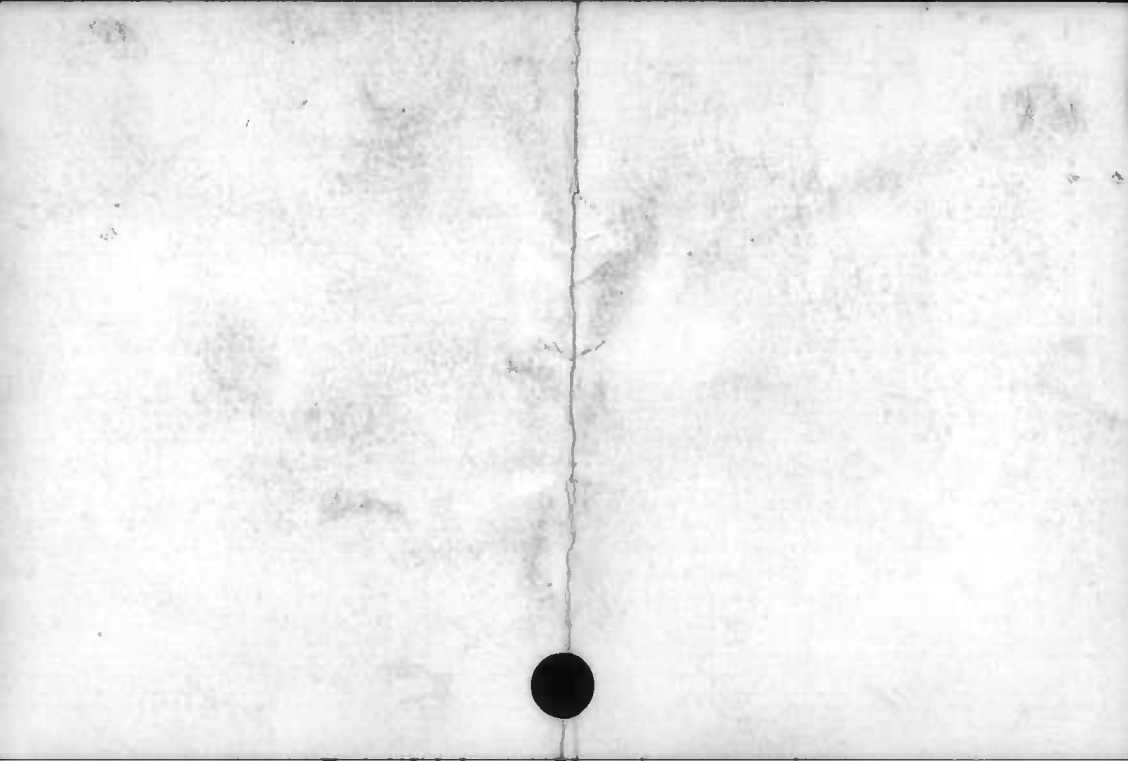
W. G. Coffey

Address

Church Hill

Accident or Suicide

Ind



Name
in
Full

CERTIFICATE OF DEATH

Perry Thomas

Town

County

MARYLAND

Died at

Centreville

Queen Anne's

Date

of death

1909

Month

Dec.

Day

30

Years

Age

75

Months

1

Days

21

Sex

Male

Color or
Race

Black

Birth-
place

Queen Anne's Co

Occupation

Laborer

Where Residing if not
at place of death

Centreville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Marion

Father's
Name

Thomas Thomas

Father's
Birthplace

Queen Anne's Co

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Joseph Olymon

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

4 or 5 yrs

Immediate

Uremia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Olymon
Centreville
Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John Thorp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						



Name
in
Full

Sallie E. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	10	92			
Sex Female		Color or Race Wht American		Birth-place Near Centerville			
Occupation Lady		Where Residing if not at place of death Centerville					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Perrie Tilghman		Father's Birthplace Queen Anne Co.					
Mother's Maiden Name Harriett Staddiway		Mother's Birthplace Talbot Co.					
Name of person giving Information Perrie Tilghman		How related to deceased Nephew					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Heavy Fall	How long	Suddenly
Immediate	Shock	How long	3 days
Are the name, age, sex, color, data and place correctly given above? yes		Signature of Physician Montrose	
		Address Centerville Md	
Accident or Suicide Accident			



Name
in.
Full

Elwood Truxon Sometimes Known as Elwood Truxon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rossville</i>		Town <i>Rossville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>12</i>	Day <i>1</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Negro.</i>		Birth-place <i>Skipton Ind.</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>near Rossville</i>						
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Dont - Know</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Ella Truxon</i>		Mother's Birthplace <i>Queen Anne Co.</i>					
Name of person giving Information <i>John F. Truxon</i>		How related to deceased <i>Father by adoption</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORNER

Primary <i>Accidentally shot</i>	How long
Immediate	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>John F. Truxon</i>
	Address <i>on owner</i>
Accident or Suicide <i>Accident</i>	

